



INTEGRATED TREATMENT MODEL ADHERENCE

Juvenile Rehabilitation Administration

Environmental Adherence

Institution Quality Assurance
Standards

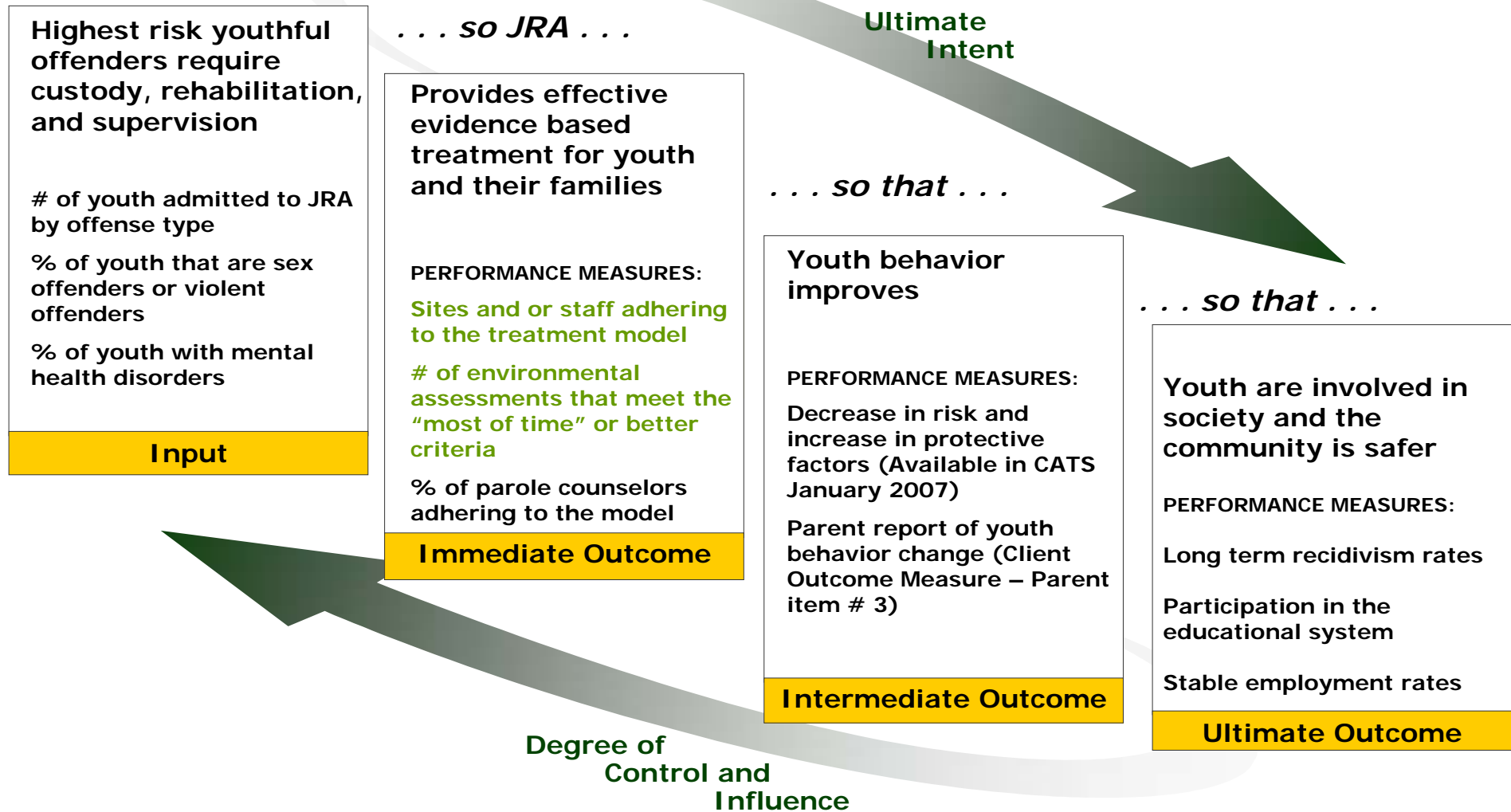
October 6, 2006

Safety

GOAL: Use effective treatment to enhance outcomes



OBJECTIVE: **Adhere to treatment models**





Institution Environmental Adherence Standards

Safety ENVIRONMENTAL ADHERENCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

Measure: Number of environmental adherence measures that meet the “most of the time” criteria or better

Target: 75% of living units with an overall score of 3 “most of the time or better”



Outcomes:

24 of 28 institution living units (86%) met or exceeded target.

Four units scored below 3.0 target:

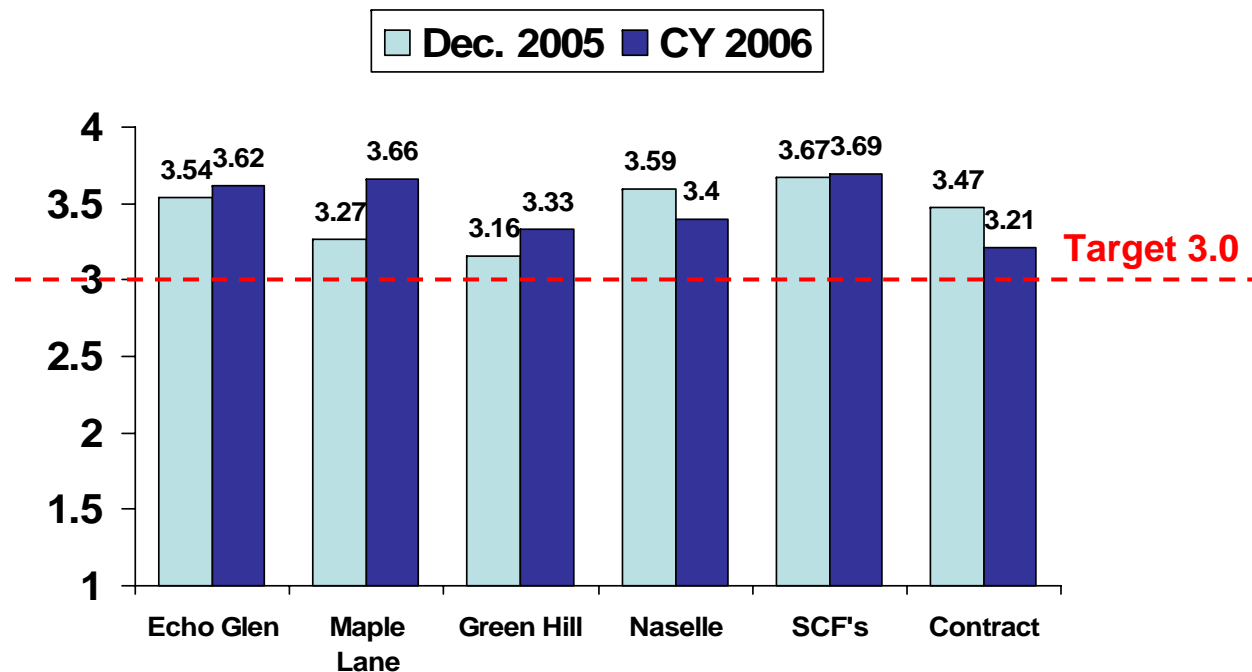
Birch	MLS	2.55
Chelan	MLS	2.92
Pacific	MLS	2.85
Toutle	EGCC	2.44

All State Community Facilities exceeded 3.0 target.

1 of 2 Contracted Community Facilities (50%) scored below 3.0 target:

Touchstone	R6	2.77
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Facility Average Rating On pilot environmental assessment tool



Analysis

& Action Appointing authorities to review scores generated 3 x yearly and direct environmental adherence improvement plans for continuous quality improvement in living units



ITM Quality Assurance Case Management

Dec. 2005 – Aug. 2006

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

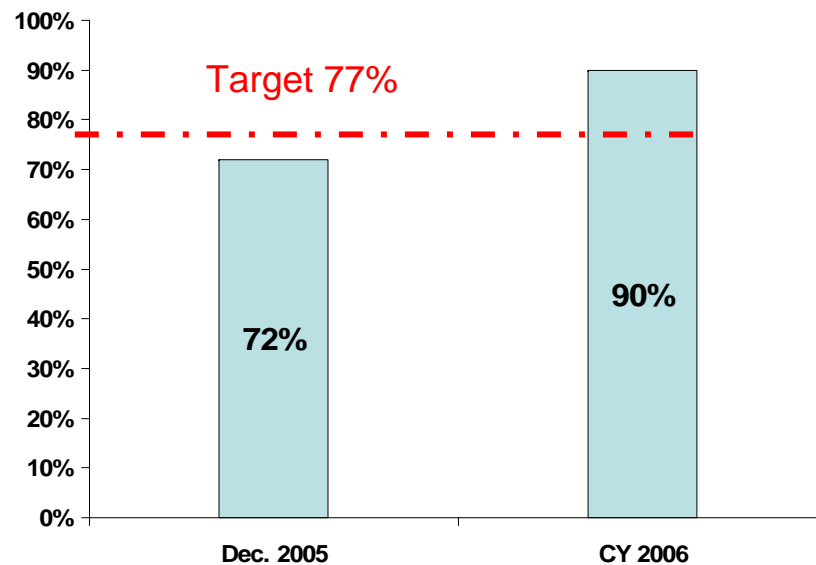
Measure: Institution ITM Quality Assurance Standards

Standard: Individual Counseling Session – Integrated Treatment Plan Specific

One counseling session and one completed case note per youth on caseload per week

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 18% increase in adherence achieved to date



Analysis & Action

This standard has been changed to include one completed case note per youth on caseload **every two weeks**.

This has been done in response to **2006 Staff Survey** information. Staff perception was that too much “paperwork” severely limits time to work with kids and families.

This standard change is consistent with our commitment to assess current case reporting schedules and where feasible eliminate duplications and adjust reporting time frames to reduce staff “paperwork” time

The new standard will be used in the next GMAP Forum adherence update.



Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

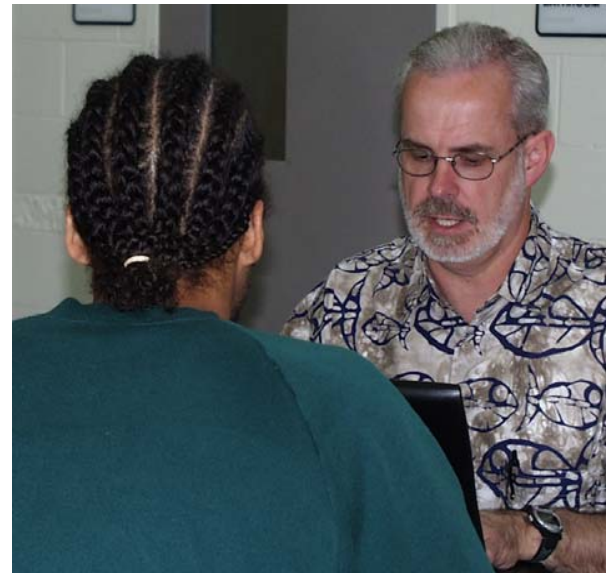
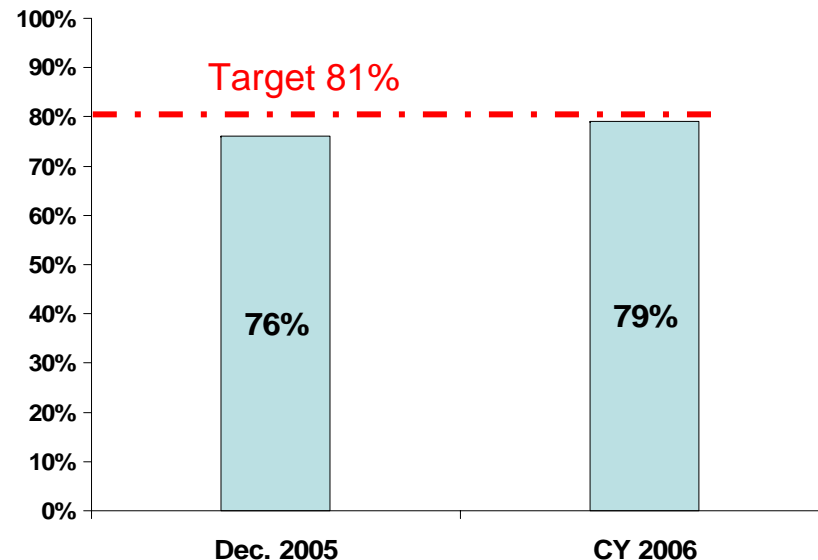
Measure: Institution ITM Quality Assurance Standards

Standard: Integrated Treatment Plan's Completed on Time

Initial Integrated Treatment Plan (ITP) completed by case manager within first 30 days.
ITP's completed at least every 90 days thereafter and consistent with the Treatment Summary 90 day cycle

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 3% increase in adherence achieved to date



Analysis & Action More than 79% of ITP's are actually being completed within 30/90 days but not given final supervisor approval. Standard has been changed to allow 10 days for final approval after ITP has been completed within the 30/90 day requirement. The new standard will be used in the next GMAP Forum adherence report.

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

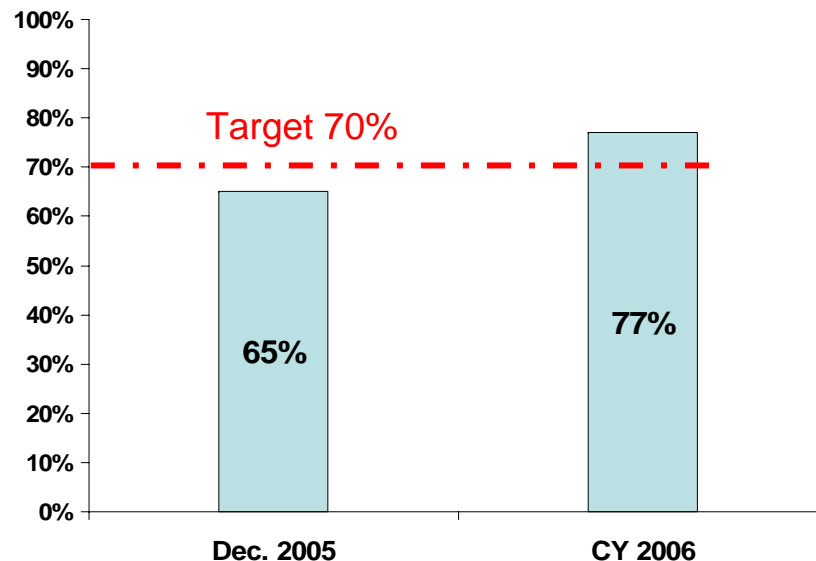
Measure: Institution ITM Quality Assurance Standards

Standard: Treatment Summaries Completed on Time

The first Treatment Summary (TS) will be completed by the case manager 120 days after a youth's admission to JRA. Subsequent TS's will be completed every 90 days thereafter and accompanied by an updated ITP

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 7% increase in adherence achieved to date



Analysis & Action

This standard has been changed from a **90 day** to **annual** requirement for **Subsequent TS** completions.

This has been done in response to **2006 Staff Survey** information. Staff perception was that too much “paperwork” severely limits time to work with youth and families.

This change is consistent with our commitment to assess current case reporting schedules and where feasible eliminate duplications and adjust reporting time frames to reduce staff “paperwork” time.

The new standard will be used in the next GMAP Forum adherence update.



Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

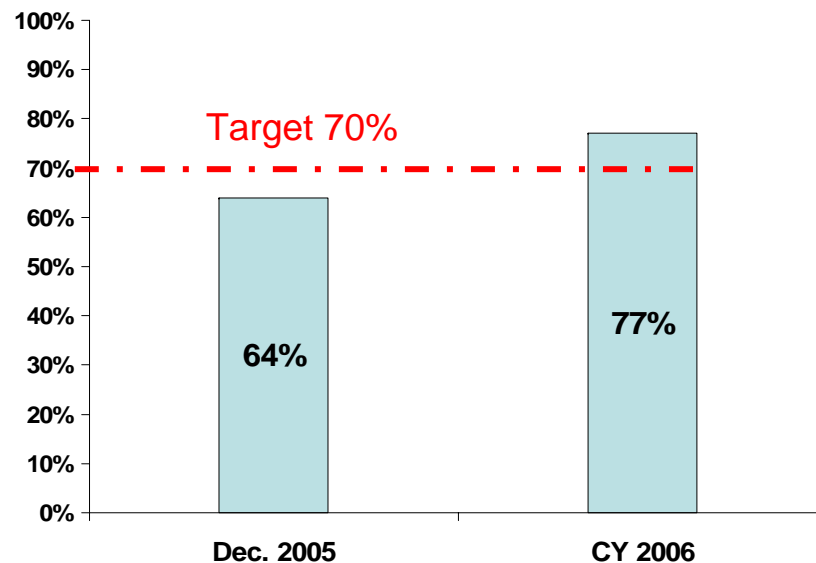
Measure: Institution ITM Quality Assurance Standards

Standard: CBT Specified Skills Groups Conducted Each Week

Each JRRC will conduct at least one CBT specified skills group each week

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 13% increase in adherence achieved to date



Analysis & Action

This standard has been changed from a weekly to a monthly compliance requirement. New standard is that each JRRC will conduct at least four groups per month. Standard as originally written did not allow flexibility to receive credit for rescheduled groups. The new standard will be used in the next GMAP Forum adherence update.

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

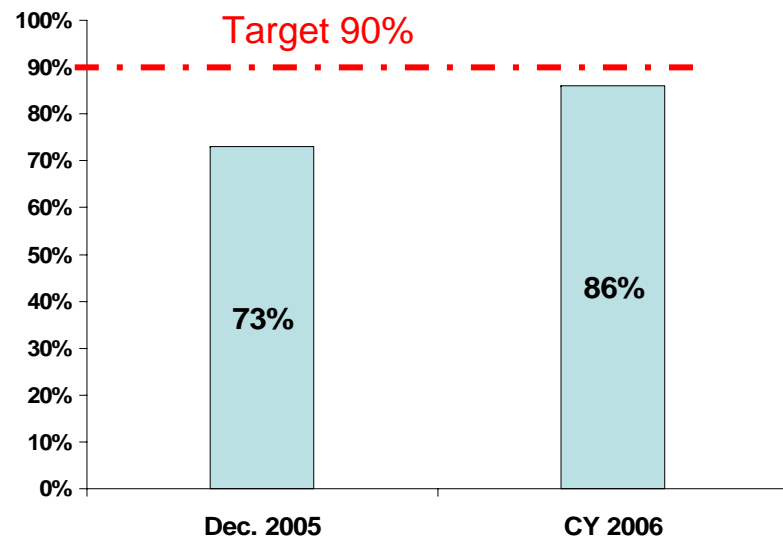
Measure: Institution ITM Quality Assurance Standards

Standard: Family Contacts

Each case manager will have one family contact per month for each youth on his/her caseload who has a family or primary caregiver

Target: Achieve 90% adherence during calendar year 2006

Outcomes: 13% increase in adherence achieved to date



Analysis & Action

Achieving a 90% adherence rate in this measure is a genuine challenge that has been given to case managers to meet. It requires becoming very informed and mindful of parents' schedules and picking the optimal moments for making contact.

Historically, successful contact was in the mid-sixty percentile. Case managers have exercised laudable efforts in achieving an 86% adherence rate for CY 2006 to date. The 90% barrier may well be broken by end of December 2006.



ITM Quality Assurance Program Management

Dec. 2005 – Aug. 2006

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

Measure: Institution ITM Quality Assurance Standards

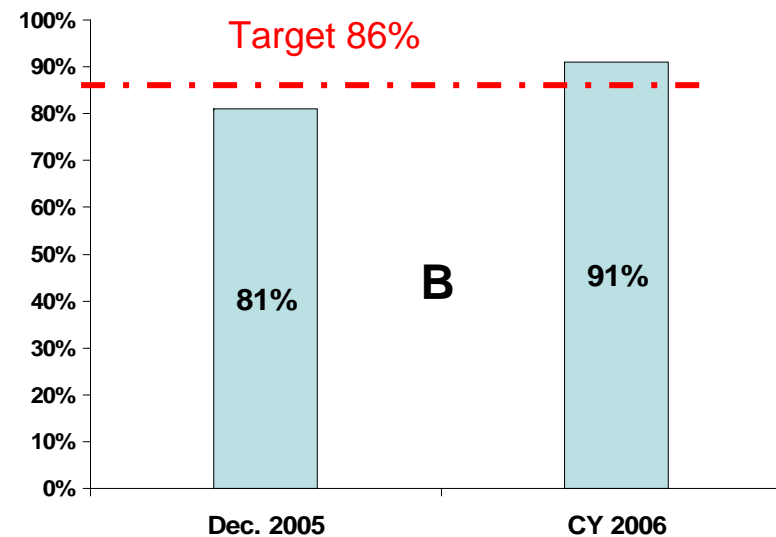
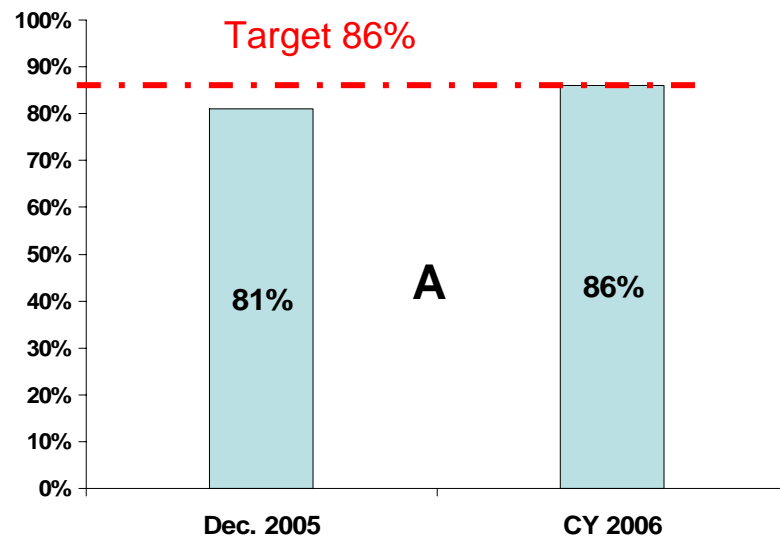
Standard: CBT Specified Skills Groups -

A) Each unit or wing program will have at least four CBT specified skills groups weekly

B) Each youth assigned to the unit or wing will attend at least one CBT specified skills group per week

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 5% increase in adherence achieved to date in **Standard A**; 10% increase in adherence achieve in **Standard B**



Analysis & Action

Aggression Replacement Training and Dialectical Behavioral Therapy -Substance Abuse are developed on cognitive/behavioral principles. Even though skills groups using these interventions have been ongoing in institutions, they have not been included in data collections to date. They will be included in the next GMAP Forum adherence report and we expect doing so will increase the level of adherence achieved.

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

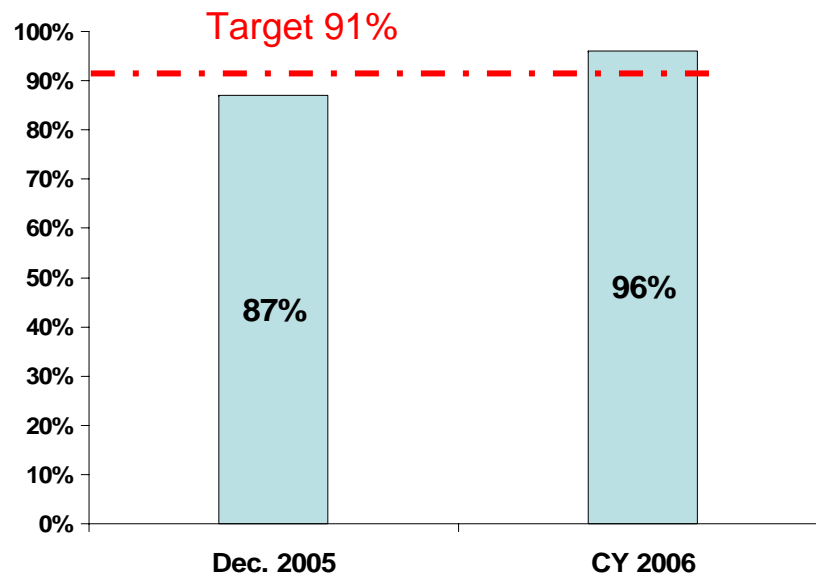
Measure: Institution ITM Quality Assurance Standards

Standard: Weekly ITM Focused Staff Meetings

Each Program Manager will conduct at least one case planning or ITM in-service meeting per week with the staff in their unit/wing

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 9% increase in adherence achieved to date



Analysis

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Action

96% compliance with this standard may very well be bumping against the upper limit. 100% compliance will remain the ultimate goal and is clearly being achieved in most units.

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Use effective treatment to enhance outcomes

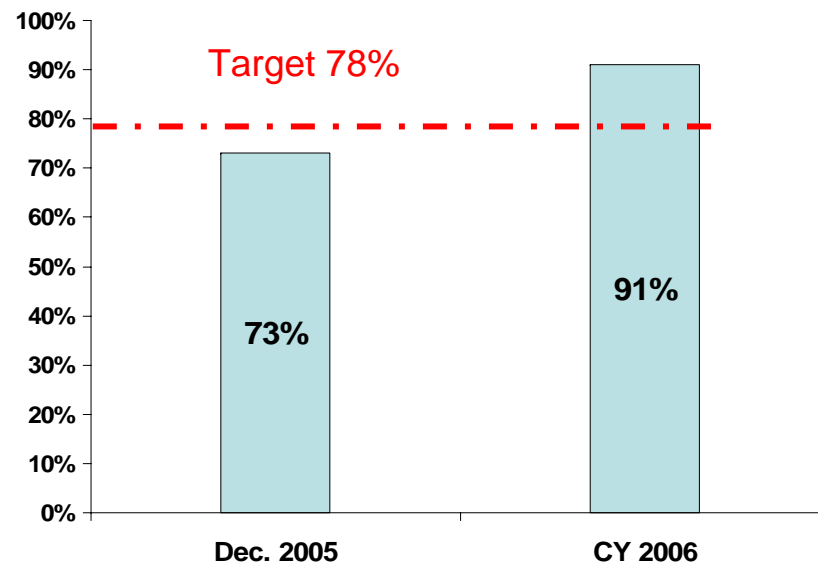
Measure: Institution ITM Quality Assurance Standards

Standard: Monthly Individual Staff Meetings

Each Program Manager will conduct at least one case planning or ITM performance related meeting per month with each staff they supervise

Target: Achieve a 5% adherence increase from December 2005 baseline during calendar year 2006

Outcomes: 18% increase in adherence achieved to date



Analysis

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Action

91% compliance with this standard may very well be bumping against the upper limit with room for some increase. 100% compliance will remain the ultimate goal and is clearly being achieved or approached in most units.



Public Safety

Intervening to Reduce Parolee
Violence

Safety INSTITUTION QUALITY ASSURANCE STANDARDS



GOAL: Reduce Parolee Violence

OBJECTIVE 1: Increase Safety Measures to Protect the Public

Action Plan:

- Identify high risk parole cases and determine service needs
- Secure community program resources to assist staff with
 - a) Positive youth activities
 - b) Accessing services for youth
 - c) Mentoring and tutoring
 - d) School enrollment/advocacy
 - e) Job placement/preparation
 - f) Intervening in gang involvement
- Develop tracking and monitoring standards for youth identified as high risk
- Ensure timely issuance of warrants for youth on Whereabouts Unknown Status
- Hold youth accountability for parole violations using graduated interventions up to and including confinement
- Contact all parolees/families to heighten awareness of recent community violence and safety concerns
- Establish partnerships with Law Enforcement Agencies to assist in improving parolee accountability
 - a) Collaborate with Peirce CO. Sheriff, Lakewood PD, and Tacoma PD Gang Units
 - b) Provide law enforcement agencies parolee rosters highlighting youth on warrant status and known gang members/associates



GOAL: Reduce Parolee Violence

OBJECTIVE 2: Enhance Supervision of Parolees

Action Plan:

- Monitor compliance with Functional Family Parole model and standards
- Increase supervision of high need parolees
 - a) Field Contact
 - b) Urinalysis with graduated sanctions and treatment for positive youth
 - c) Electronic home monitoring
 - d) Transportation to services
 - e) Modify (tighten/relax) parole conditions as indicated
- Conduct re-entry/transition planning prior to youth leaving residential care
 - a) Respond to completed transition reports in a timely manner
 - b) Convene MDT's 90 days pre-release with treatment coordinators, PM's JRCC's and relevant stakeholders to identify youth service and supervision needs
 - c) Meet with parolee families and schedule for family meetings prior to youth release



GOAL: Reduce Parolee Violence

OBJECTIVE 3: Enhance Services to Parolees/Families

Action Plan:

- Improve staff and program resources needed to facilitate parolee/family access to services
 - a) Prioritize services and resources to go to parolees/families most in need
- Contract with community based organizations to facilitate/increase mentoring, employment, school enrolment, gang intervention, and constructive use of parolee discretionary time via community service projects and recreational programs
 - a) Add 1.5FTE to manage contracted community-based service resources and arrange transportation
 - b) Increase D/A treatment contracts
 - c) Establish incentives to motivate parole compliance
 - d) Improve capacity for transporting youth
- Improve utilization of existing mental health resources
 - a) Identify gaps in current resources and delivery systems
 - b) Coordinate solutions with JRA Mental health Program Administrator
 - c) Achieve improved system access through “No Wrong Door” approach



GOAL: Reduce Parolee Violence

OBJECTIVE 4: Involve Stakeholders to Address Problems of Youth Violence

Action Plan:

- Maintain and expand active collaboration with:
 - a) Criminal Justice Agencies
 - b) Education Systems
 - c) Employment Resources
 - d) Social Services/Youth Advocacy Agencies

Safety INSTITUTION QUALITY ASSURANCE STANDARDS

GOAL: Reduce Parolee Violence



Proposed Measures:

- Number of parolees involved in serious acts of violence
- Number of parole revocations for firearms/weapons possession
- Percentage of parolees in employment or enrolled in education/vocational training programs
- Number of youth matched with a mentor/tutor
- Number of youth receiving direct service/support from contracted community-based services per month for
 - a) Positive engagement and use of free time
 - b) Service access assistance
 - c) School placement/advocacy
 - d) Mentoring and tutoring
 - e) Job Placement
 - f) Intervention in gang involvement